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DATE: January 13, 2005		RECEIVED CENTRAL FAX CENTER JAN 13 2005
PTO IDENTIFIER:	Application Number 09/761,969 Patent Number Inventor: Garrity et al.	
TO: Mail Stop Amendment; Examiner Cook, GAU 1641 FAX NUMBER: 703-872-9306		
FROM: Greg S. Hollrigel PHONE: 949-450-1750 Attorney Dkt. #: A1712		
PAGES (Including Cover Sheet): <u>14</u>		
CONTENTS: 1. Transmittal Form (1 page); and 2. Amendment (12 pages).		
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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	09/761,969
		Filing Date	January 16, 2001
		First Named Inventor	Garrity
		Group Art Unit	1641
		Examiner Name	Cook, L.V.
Total Number of Pages in This Submission	14	Attorney Docket Number	A1712

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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) 1. Facsimile Cover Page.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Greg S. Hollrigel Registration No. 45,374
Signature	/Greg S. Hollrigel/
Date	January 13, 2005

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 703-872-9308, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Greg S. Hollrigel		
Signature	/Greg S. Hollrigel/	Date	January 13, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/761,969
Applicant : Garrity et al.
Filed : January 16, 2001
Title : VITAMIN D ASSAY

Confirmation No. 5878

TC/A.U. : 1600/1641
Examiner : Cook, L.V.

Docket No. : A1712
Customer No. : 33197

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Date: January 13, 2005

By: /Greg S. Hollrigel/
Greg S. HollrigelAMENDMENT IN RESPONSE TO OCTOBER 13, 2004 OFFICE ACTION

Dear Sir:

This Amendment is being submitted in response to the October 13, 2004 Office Action issued by the United States Patent and Trademark Office regarding the above-identified application. A response to the Office Action is due January 13, 2005. Please amend the subject application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.